

## RELOCATION ASSISTANCE ACKNOWLEDGEMENT

### Accessibility Projects Only

Project Type: ☐ Stick Built Home ☐ Mobile Home

Agency (CAA):

\_\_\_\_\_  
\_\_\_\_\_

CAA Rep Name:

\_\_\_\_\_

CAA Rep Title:

\_\_\_\_\_

CAA Rep Phone:

\_\_\_\_\_

CAA Rep Email:

\_\_\_\_\_

Applicant (Owner):

\_\_\_\_\_

Co-Applicant:

\_\_\_\_\_

Property:

\_\_\_\_\_

\_\_\_\_\_

Contractor:

\_\_\_\_\_

\_\_\_\_\_

1. I/We, the undersigned, understand that I/we may receive financial assistance to help cover the costs of temporary relocation expenses associated with Accessibility HARP work in our/my home located at the above referenced Property. I/We understand that in order to receive reimbursement, we must provide receipts to the above-referenced Community Action Agency ("CAA"), and/or other documents which may be required by the CAA, to verify expenses incurred as a result of temporary relocation. I/We also understand that in the event I/we receive such relocation assistance, that I/we have a responsibility to cooperate with the CAA and the above referenced Contractor to prepare the Property for Accessibility HARP work, packing or otherwise securing other belongings away from the work area to expedite the work.
2. I/We, the undersigned, understand that reimbursable relocation expenses include, but are not limited to, the following: (i) moving expenses; (ii) hotel/motel costs; (iii) extra gasoline/transportation costs due to the temporary relocation to another dwelling; (iv) meals; If the relocation assistance I/we receive is spent on items other than relocation, I/we understand that this does not entitle me/us to request additional money for actual relocation expenses. Furthermore, I/We understand that the CAA is under no obligation to reimburse for unverified expenses or for expenses not directly associated with temporary relocation.
3. I/We, the undersigned, understand I/we will be required to abide by any and all policies set forth by the relocation property owner/representative. I/We, understand if I/we are deemed responsible for damages to the relocated property during my/our relocation, I/we may be responsible for the cost associated with said damages. Any relocation reimbursement I/we request, may be offset to cover the cost associate with damages determined my/our responsibility.
4. By signing this agreement, I/We acknowledge the conditions of receiving relocation reimbursements and that \$1,250 is the maximum amount of money to be received for temporary relocation expenses.

**Signature of occupant of home where Accessibility HARP work is being carried out. If you do not understand this agreement, do not sign it.**

\_\_\_\_\_  
Occupant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Occupant Name

\_\_\_\_\_  
Co-Occupant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Occupant Name

**By signing below, the CAA acknowledges receipt of this document signed by the above homeowner(s).**

\_\_\_\_\_  
CAA Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAA Representative Name